

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 02, 2011
Secretary of State

DOCUMENT# N05000003606

Entity Name: THE GROVE AT RIVER OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2500 SW 14 STREET # 64
FT. LAUDERDALE, FL 33315

New Principal Place of Business:

New Mailing Address:

2500 SW 14 STREET # 64
FT. LAUDERDALE, FL 33315

Current Mailing Address:

7300 W. MCNAB ROAD # 220
TAMARAC, FL 33321

FEI Number: 20-2713009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BACKER LAW FIRM PA
400 S DIXIE HIGHWAY STE 420
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: GAYHART, DAVID 2011
Address: 2540 SW 14TH AVE # 202
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: S
Name: GUARDIANI, MEGHAN 2012
Address: 2504 SW 14TH AVE #806
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: D
Name: GODWIN, KAREN 2011
Address: 2544 SW 14TH AVE #105
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: T
Name: O'HARE, JERRY 2012
Address: 2500 SW 14 AVE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: D
Name: STEVEN, DINKELSPIEL 2012
Address: 2500 SW 14TH AVENUE # 64
City-St-Zip: FORT LAUDERDALE, FL 33315

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID L. GAYHART

DATE -09-02-2011

PRES

09/02/2011

Electronic Signature of Signing Officer or Director

_____ Date